

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000059293

**Entity Name:** INLET PROPERTIES, INC.

**Current Principal Place of Business:**

257 MINORCA BEACH WAY  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

257 MINORCA BEACH WAY  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 59-3650927

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HART, JAMES W  
C/O SENTRY MANAGEMENT, INC.  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779-5044 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           PRATI, RONALD C  
Address        257 MINORCA BEACH WAY #1705  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           PRESIDENT  
Name           LYON, JAMES  
Address        257 MINORCA BEACH WAY  
                  UNIT #1601  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           VP  
Name           ANGELL, BOB  
Address        257 MINORCA BEACH WAY #1308  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           SECRETARY  
Name           HAMMER, JOHN  
Address        257 MINORCA BEACH WAY  
                  #205  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           BROKER  
Name           HART, JAMES  
Address        2180 W SR 434  
City-State-Zip: LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES LYON

**PRESIDENT**

**03/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date